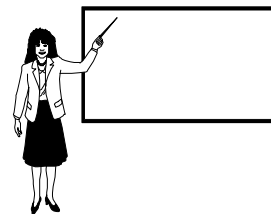


**OWCP REGION IX - SAN FRANCISCO  
FEC PROGRAM**

***Training For Federal Employing Agency  
Compensation Specialists  
3-Day Basic ICS Workshop***



**ENROLLMENT FORM: Complete the information below (print clearly).**

Please enroll the employee named below in the 3-day workshop scheduled in San Francisco for \_\_\_\_\_ (dates). This employee has primary responsibility for handling Federal workers' compensation claims at \_\_\_\_\_ (name of agency).

*Authorizing Official's Signature:* \_\_\_\_\_

*Title:* \_\_\_\_\_ *Date:* \_\_\_\_\_

---

**Employee's Name:** \_\_\_\_\_

**Job Title:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_

Employee's injury compensation duties/responsibilities are (briefly):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employee has been performing the above duties for approximately \_\_\_\_\_ (months/years).

Employee has \_\_\_\_ has not \_\_\_\_ (check one) completed OWCP's self-instructional course.

**Send enrollment acknowledgment to:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*OWCP's return address is printed below.*

*Make sure you send it to **ATTN: EA Training/3-Day Workshop.***

*To expedite the enrollment,*

*fax it to 415-975-4170, **ATTN: EA Training/3-Day Workshop.***